15 Margar	
	$\bigcirc \setminus \square$
	NG

TCI MEDICAL WASTE DISPOSAL SERVICE "EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163 241 W. LAUREL STREET • COLTON, CA 92324

	DONNE D. / STREET ADDRESS		POUG IN	-	CITY	
ATE.		TIME OF WASTE	REMOVAL GENERA	ATOR SITE	TCI DRIVER	
2,	-3-93	A STATE	TIEWO WAE GENERAL	AION GILL	ARVIC	
TEM	CONTAINER SERIAL NO	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS	WASTE LEGEND	TRACKING INFORMATION	
1	1107	3		B P S R C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste)	
2				B P S R	Ś ≃ Sharps Waste Only C - Chemotherapy Waste (Trace)	
3				B P S R C	P - Path (Human Tissues) Waste R - Other/Special - See Remarks	
4		er er ege Mily	*	日 日 日 日 日 日 日 日 日	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can	
5				B P S R*	nat be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex	
6			-	B P S R •	act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and	
7				B P S R C	determined at the TCI. Facility by a certified deputy weighmaster on weighmaster certified/permitted, scales.	
8				B P S R C	weightnaster certileur permitter, scales	
9				B B S R		
10		*		B ,P S ,R		
11				B P S R C		
12		1	4	□S □R C = 3	建筑是严重的	
REMARKS				EMPTY CONTAINERS EXCHANGED @ PICKUP GENERATOR SIGNATUBE DATI		
				ÆIGHMASTER S		
NO. 02047				T.C.I. FACILITY AUTHORIZED AGENT DATE (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)		
5 (144) 144		MEDICA	1 4 4 7 7 11 11	TREATME		